Ancestral File (TM) - ver 4.10 PEDIGREE CHART 19 MAY 1993 Chart 1

No. 1 on this chart is the same as no. _____ on chart no. _____

AFN=Ancestral File Number

1 Eleanor CLUFF
AFN: 1CLO-DP
BORN: 28 Feb 1878
Heber, Wasatch, UT
MAR.: 11 Aug 1948
DIED: 28 Jan 1956
Driggs, Teton, ID
SPOUSE
Moroni MOULTON
AFN: 2CRS-1N
BORN: 26 Jul 1876
Moultonville, Wasatch, UT
DIED: 14 Mar 1969
Salt Lake City,S, UT

2 Henry CLUFF OR CLOUGH
AFN: 2CGV-PG
BORN: 15 Feb 1843
Nauvoo, Hancock Co., IL
MAR.: 9 Nov 1865
Provo, Utah, Utah
DIED: 16 Jan 1931
Provo, Utah Co., UT

3 Kezia Elizabeth RUSSELL
AFN: BQ5J-XD
BORN: 12 Jan 1844
Tetbury Gloucs., England
DIED: 16 Jan 1915
Provo, Utah Co., UT

4 David CLUFF
AFN: 4BXT-VM
BORN: 20 Jun 1795
Nottingham,R, NH
MAR.: 11 Jan 1824
Shipton, Richmond, Quebec
DIED: 6 Dec 1881
Central, Graham, AZ

5 Elizabeth Or Betsey HALL
AFN: 4BXT-WS
BORN: 10 Jul 1805
Barnet, Calidonia, VT
DIED: 5 Jun 1881
Central, Graham, AZ

6 Richard RUSSELL
AFN: 1GGP-7J
BORN: 27 Apr 1812
Tetbury, Gloucs., England
MAR.:
Titbury, Glcstr, England
DIED: 21 Sep 1864
Pole Creek,P, Ne

7 Hannah Marie UNDERHILL
AFN: 1GGP-8P
BORN: 4 Jul 1815
Tetbury, Gloucs., England
DIED: 31 Jan 1861
Upton, Gloucs., England

8 William CLOUGH
AFN: 2POV-18
BORN: 5 Dec 1768
Lee, Strafford, NH
MAR.: 14 Feb 1793
Madbury, Strafford, NH
DIED: 31 Aug 1853 (Ae 83)
Newmarket, Rockingham, NH

9 Susannah RUNNELLS OR RUNELS
AFN: 2POV-2F
BORN: 4 Jul 1773
Lee, Strafford, NH
DIED: 25 Nov 1865 (Ae 92)
Durham, Strafford, NH

10 Moses HALL
AFN: 2POW-Q1
BORN: 5 Jul 1764
Newbury, Orange, VT
MAR.:
DIED: 16 Aug 1853 (Age 89)
Shipton, Richmond, Quebec

11 Lucy FOWLER
AFN: 2POW-R6
BORN: 16 Mar 1764
Of Newbury, Orange, VT
DIED: 16 Sep 1843 (Age 79)
Shipton, Richmond, Quebec

12 James RUSSELL
AFN: B9SN-K4
BORN: [1786]
MAR.:
DIED:

13 Sarah GRANT
AFN: B9SN-L9
BORN: [1790]
DIED:

14 William UNDERHILL
AFN: B9SN-NM
BORN: [1789]
MAR.:
DIED:

15 Marie NIXON
AFN: B9SN-PS
BORN: [1793]
DIED:

16 Zaccheus CLOUGH
AFN: 2POV-3L
BORN: 12 Jun 1728

17 Love MEADER
AFN: 2POV-4R
BORN: 1734

18 Job RUNNELLS OR RUNELS
AFN: 2POV-5X
BORN: 12 Jan 1749

19 Sarah ELLISON
AFN: 2POV-64
BORN: 3 Apr 1751

20 Jacob HALL
AFN: 50QV-RO
BORN: Abt 1748

21 Doritha TUTE
AFN: 50QV-S5
BORN: Abt 1752

22 Jonathon FOWLER
AFN: 8XWQ-RO
BORN: [1750]

23 Lucy KEMP
AFN: 50QV-VH
BORN: Abt 1752

24 AFN: BORN:

25 AFN: BORN:

26 AFN: BORN:

27 AFN: BORN:

28 AFN: BORN:

29 AFN: BORN:

30 AFN: BORN:

31 AFN: BORN:

SICKNESS BEGAN — AUTO ACCIDENT? YES ☐ NO ☐ — A JOB RELATED INJURY YES ☐ NO ☐

7. NATURE OF SICKNESS, INJURY DIAGNOSIS OR MEDICAL CALL
IF INJURY, HOW AND WHERE DID ACCIDENT HAPPEN

8. NAME OF SPOUSE — NAME AND ADDRESS OF SPOUSE'S EMPLOYER (IF NOT EMPLOYED WRITE "NOT EMPLOYED")

9. ARE YOU OR YOUR DEPENDENT COVERED UNDER ANY OTHER GROUP INSURANCE, HEALTH MAINTENANCE ORGANIZATION, OR GOVERNMENT PLAN WHICH WILL ALSO PAY FOR ANY OF THE MEDICAL EXPENSES OF THIS CLAIM? ☐ YES, ☐ NO. IF YES, GIVE NAME, ADDRESS & POLICY NUMBER OF INSURANCE COMPANY PROVIDING BENEFITS.

NAME AND ADDRESS — POLICY NO

10. IF PAYMENT IS TO BE MADE TO PHYSICIAN SIGN BELOW

AUTHORIZATION TO PAY BENEFITS TO PHYSICIAN: I hereby authorize payment directly to the undersigned Physician, otherwise payable to me for his services as described below, but not to exceed the reasonable and customary charge for those services.

SIGNED (COVERED PERSON) SIGN ONLY IF PAYMENT IS TO GO TO DOCTOR

11. PATIENT OR PARENT MUST SIGN BELOW

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize any Licensed Physician, Medical Practitioner, Hospital, Clinic or other medical or medically related facility, insurance company or institution or person, that has any records or knowledge of my health to release that information to United Businessmens Insurance Trust. A photocopy of this authorization shall be as valid as the original.

SIGNED